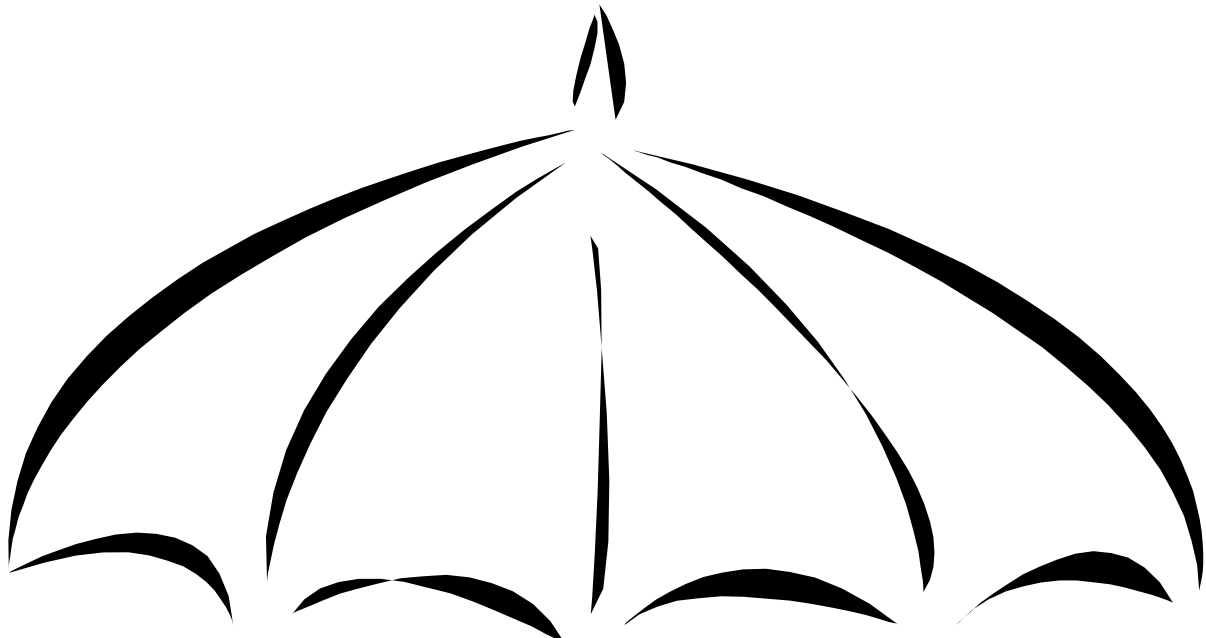


# **Primary Care Network (PCN)**



## **Covered At Work**

Bureau of Eligibility Services  
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## WHAT IS THE PRIMARY CARE NETWORK OF UTAH?

The Primary Care Network of Utah (PCN) is available to uninsured adults age 19-64 who are not eligible for any other Medicaid program. Income must be under 150% of the federal poverty level (FPL). There is no asset test. Income eligibility is evaluated at the time of application and at an annual review. No spenddown is allowed.

PCN includes **2 programs**: the Primary Care Network program, and the Covered at Work program. Both programs have the same eligibility requirements except for an individual's access to employer-sponsored health insurance coverage.

### 1) **Primary Care Network Program**

A program designed to provide basic primary care, emergency care and pharmacy services to uninsured adults who do not qualify for any other Medicaid program and who are not covered by or have access to employer sponsored health insurance, student health insurance, Medicare or the Veterans Administration Health Care System.

### 2) **Covered at Work Program** - Effective August 1, 2003

Reimbursement program for uninsured adults who do not qualify for any other Medicaid program, student health insurance, Medicare or the Veterans Administration Health Care System, but have access to and choose to enroll in an employer sponsored health insurance coverage. This program will pay a reimbursement of up to \$50 per month for the cost to enroll in the employer-sponsored health insurance coverage for each individual. Reimbursements are limited to a lifetime maximum of 60 months.

The cost to enroll in the employer-sponsored coverage must be more than 5% of the household's gross countable income.

## Covered At Work Benefits

The Covered At Work program provides a reimbursement for all or part of the insurance premium paid by an employee for their employer-sponsored health insurance plan.

### No Medicaid Benefit and No Medicaid Card

#### ◆ Reimbursements

- ▶ A monthly reimbursement check will be sent to the household.
- ▶ Reimbursements will not exceed the amount paid for each individual.
- ▶ Reimbursements will be limited to a lifetime maximum of 60 months for each individual.

#### ◆ Reimbursement Amounts

- ▶ Per Individual

# Years Eligible Covered at Work	Reimbursement Monthly Amount
1	up to \$50
2	up to \$50
3	up to \$40
4	up to \$30
5	up to \$20

- ▶ A married couple could be reimbursed up to \$100 total per month. (Up to \$50 each.)

## **COVERED AT WORK ELIGIBILITY**

### **IIIF Section 900**

Generally the eligibility requirements are the same for the Primary Care Network Program and the Covered at Work Program. The main difference between the two programs is that the Covered at Work program is specifically for individuals who have access to employer-sponsored health insurance.

**Employer contribution is no longer a factor in determining eligibility.**

If a person has access to employer-sponsored health insurance coverage, they may be eligible for the Covered at Work Program and in some cases the Primary Care Network Program depending on the cost of coverage.

## **Health Insurance Coverage Rules**

### **Sec. 903**

#### **◆ ENROLLED in Health Insurance Coverage**

Individuals who are enrolled in health insurance coverage are not eligible for Primary Care Network (PCN) or Covered at Work (COVERED AT WORK). This includes anyone who is ENROLLED IN a group health plan or other health insurance coverage through which they have not exhausted their maximum lifetime benefits.

Examples are:

- ▶ Employer-sponsored plan through their own employer.
- ▶ Spouse's employer-sponsored plan.
- ▶ Parent's or legal guardian's health insurance plan.
- ▶ Part A and/or B Medicare.
- ▶ Veterans Administration Health Care System.
- ▶ Student health insurance plan offered to full-time students.
- ▶ Any other type of group health plan or individual health insurance plan.

## ◆ **ACCESS to Certain Types of Health Insurance Coverage**

Individuals who have **ACCESS** to but are not enrolled in the following types of health insurance coverage are not eligible for the Primary Care Network program or the Covered at Work program.

- ▶ Part A and/or B Medicare, no matter what the cost.
- ▶ Veterans Administration Health Care System.
  - Veterans who have not already enrolled in the Veterans Health Care System, may be eligible for the Primary Care Network program or the Covered at Work program while they are waiting for determination from the VA. They must initiate the enrollment procedure with the VA before they can be eligible for PCN. Once enrollment in the VA Health Care becomes effective, they are no longer eligible.
- ▶ Student health insurance plan that is available to full-time students.



## ◆ **ACCESS to Employer Sponsored Health Insurance**

Depending on the cost of coverage and the household income, some individuals who have ACCESS to employer-sponsored health insurance may be eligible for the Covered at Work program and in some cases the Primary Care Network program.

### **Cost of Coverage**

**Amount the employee is required to pay, over and above any contribution from the employer, to enroll himself or his spouse in the employer-sponsored health insurance coverage.**

Consider only the cost to enroll the person who is applying for PCN benefits. If both spouses are applying, consider the cost of coverage for each one separately.

- ▶ Determine the total monthly cost for the individual to enroll that is over and above any contribution from the employer.
- ▶ When determining the total cost for the spouse of an employed person, include the cost to cover the employed person if he or she must be enrolled in order to enroll the spouse.
- ▶ Compare the total cost of coverage for each individual to the household's countable gross income to determine a percentage.

### **Formula**

$$\text{Cost of Coverage} \div \text{Household Income} = \%$$

For individuals who have **ACCESS** to health insurance coverage through their employer or their spouse's employer, determine eligibility as follows:

- ▶ **5% or Less** - Cost of coverage does not exceed 5% of the household's countable gross income - not eligible for the Primary Care Network program or the Covered at Work program.
- ▶ **>5% -15%** - Cost of coverage is MORE THAN 5% but does NOT EXCEED 15% of the household's countable gross income - only eligible for the Covered at Work program if they choose to enroll in the employer-sponsored coverage.
- ▶ **>15%** - Cost of coverage EXCEEDS 15% of the household's countable gross income - may choose to enroll in either the Primary Care Network program or the Covered at Work program. If they choose to enroll in the Covered at Work program, they must enroll in the employer-sponsored coverage.

**A person eligible to enroll in employer-sponsored coverage is considered to have access even if they must wait until an open enrollment period.**

**CWEC Screen  
will calculate**



## **Cost of Coverage Examples**

**Example 1:** Mr. Hansen lives alone and is applying for the PCN. He is employed and his employer offers health insurance. The total cost of the health insurance is \$150 per month. The employer would deduct \$25 a check from Mr. Hansen's earnings if he elects to enroll in the health coverage. Mr. Hansen is paid every other week and his gross income is \$500 each check.

Monthly Cost to Enroll Mr. Hansen $\$25 \times 2.15 =$	\$ 53.75
Monthly Gross Countable Income - $\$500/\text{ck} \times 2.15 =$	\$ 1075.00
% of the Gross Income (PACMIS will calculate %)	5.00%

*Mr. Hansen's cost to enroll in employer-sponsored health insurance does not exceed 5% of the household's gross countable income. Mr. Hansen is not eligible for the Primary Care Network program or the Covered at Work program.*

**Example 2:** Mrs. Davis is applying for the PCN. Her husband's employer pays for his coverage, but to add her to the coverage, the employer would deduct \$25 from his weekly pay check. Mr. Davis gross income is \$395 a check. Mr. Davis is not eligible for PCN because he is enrolled in health insurance coverage.

Mrs. Davis' Cost to Enroll - $\$25 \times 4.3 =$	\$ 107.50
Monthly Countable Income for Household - $\$395 \times 4.3 =$	\$1698.50
% of the Gross Income for Mrs. Davis (PACMIS will calculate)	6.32%

*Mrs. Davis' cost to enroll in employer-sponsored health insurance is more than 5% but does not exceed 15% of the household's gross countable income. Mrs. Davis would be eligible for the Covered at Work program.*

**Example 3:** Mr. and Mrs. Johnson are applying for PCN. He is employed and his employer offers health insurance coverage but he has not enrolled. Mr. Johnson gets paid twice a month and the employer would deduct \$70 per check for him and an additional \$75 per check to include his spouse. Mr. Johnson receives \$750 gross income per check. Mrs. Johnson cannot enroll unless her husband enrolls.

Mr. Johnson's Cost to Enroll - $\$70 \times 2 =$	\$ 140.00
Monthly Countable Income for Household - $\$750 \times 2 =$	\$1500.00
% of the Gross Income for Mr. Johnson (PACMIS will calculate)	9.33%

*Mr. Johnson's cost to enroll in employer-sponsored health insurance is more than 5% but does not exceed 15% of the household's gross countable income. Mr. Johnson would be eligible for the Covered at Work program.*

Mrs. Johnson's Cost to Enroll - $\$70 + \$75 \times 2 =$	\$ 290.00
Monthly Countable Income for Household - $\$750 \times 2 =$	\$1500.00
% of the Gross Income for Mr. Johnson (PACMIS will calculate)	19.33%

*Mrs. Johnson's cost to enroll in employer-sponsored health insurance exceeds 15% of the household's gross countable income. Mrs. Johnson can choose to enroll in either the Primary Care Network program or the Covered at Work program. **Note:** if Mrs. Johnson could be enrolled, even if Mr. Johnson (the employed person) chooses not to enroll, her cost of coverage would be  $\$75 \times 2 = \$150/\text{mo}$ .*

## ◆ Termination of Health Insurance Coverage

**Voluntary Termination** - A person who is on the Covered at Work program who voluntarily terminates their employer-sponsored health insurance coverage is not eligible for a PCN program for 6 months from the date the coverage ended.

**Involuntary Termination** - A person who is on the Covered at Work program who involuntarily loses the employer-sponsored coverage is no longer eligible for the Covered at Work program. May switch to the Primary Care Network program.

## ◆ Eligibility When an Employer's Health Insurance Plan Becomes Available

### **Applicants**

When an applicant or their spouse is employed by a company that offers health insurance but there is a period of time that must pass before they are eligible to enroll, the applicant and/or their spouse may be eligible for Primary Care Network program until they are eligible to enroll in the employer-sponsored health insurance plan.

***Example:*** The person was hired on 6/10/02 but is not eligible for benefits until they have been with the company for 90 days.

- ▶ When the employer-sponsored insurance becomes available, redetermine eligibility for the Primary Care Network program or the Covered at Work program as follows:
  - If they choose to enroll, they may switch to the Covered at Work program if the cost of coverage exceeds 5% of the gross countable income.
  - If they choose not to enroll and the cost of coverage does not exceed 15%, they are no longer eligible for the Primary Care Network program.
  - If the cost of coverage does not exceed 5% of the household's gross countable income, they are not eligible for either the Primary Care Network program or the Covered at Work program. It does not matter if they choose to enroll.

## Recipients

When a recipient of PCN or their spouse begins employment during the certification period and the employer offers health insurance coverage, determine continued eligibility as follows:

- ▶ If they choose to enroll and report it within 10 days, they may switch to the Covered at Work program if the cost of coverage exceeds 5% or the household's gross countable income.
  - Do a new 12 month best estimate to figure cost of coverage but do not do a new income eligibility determination until the next scheduled recertification.
- ▶ If they did not report within 10 days that they chose to enroll, they cannot switch to the Covered at Work program. Close the Primary Care Network case.
- ▶ If they choose NOT to enroll they may remain on Primary Care Network program until the end of the certification period.
  - At the next certification, all factors of eligibility must be considered, including income eligibility and cost of coverage.



◆ **When Other Types of Insurance Become Available During the Certification Period**

Recipients of the PCN programs are no longer eligible when they:

- ▶ Become a full-time student and can enroll or are eligible to enroll in a **STUDENT HEALTH INSURANCE** plan.
- ▶ Become enrolled in or eligible to enroll in Part A or B **MEDICARE**.
- ▶ Become eligible and are accepted for enrollment in the **VA HEALTH CARE SYSTEM**.
  - A recipient must initiate the process to enroll as soon as they become eligible to enroll. They may remain on PCN until their enrollment becomes effective. If they refuse to initiate the enrollment process close the PCN program.
- Enroll in any other type of **HEALTH INSURANCE** coverage.

## OTHER ELIGIBILITY REQUIREMENTS

### ◆ **Effective Date of Coverage**

#### **NO RETROACTIVE COVERAGE IS ALLOWED.**

- ▶ Eligibility for the Covered at Work program begins with the date a completed and signed application is received if the applicant is eligible in the application month. NOTE: Eligibility does not go back to the first day of the application month.
  - The applicant must pay a premium for employer-sponsored health insurance in the month to be eligible. If they do not pay an insurance premium in the month of application the application effective date would be the first day of the month they pay an insurance premium.

*Example:* Jimmy applied for PCN on August 21. He has access to employer-sponsored health insurance coverage and qualifies for the Covered at Work program. He enrolls in the employer coverage, however, it will not begin until September 9, when the first premium payment will be deducted from his check. The effective date of eligibility for Jimmy is September 1.

### ◆ **THIRD PARTY LIABILITY (TPL)**

TPL questions on the application or the form 19, must be completed. For the Covered at Work program, provide information regarding employer-sponsored health insurance coverage to ORS based on the pathway in your area.

### ◆ **Enrollment Fee**

An enrollment fee is required for both the Primary Care Network program and the Covered at Work program.

## Certification Period

### PCN Certification = 12 Months

- ◆ The certification period for the PCN program is 12 months. The application month is not counted in the first certification period.

#### **Exceptions - Eligibility may end prior to 12 months if the recipient:**

- ▶ Moves out of state.
- ▶ Enters a public institution.
- ▶ Dies.
- ▶ **Becomes Eligible:**
  - To enroll in Medicare.
  - For coverage through the Veterans Administration Health Care System.
  - For student health insurance because they become a full-time student.
  - For another Medicaid program.
- ▶ **Is On the Primary Care Network Program and:**
  - Enrolls in an employer-sponsored health insurance plan and the cost of coverage does not exceed 5% of the household's gross countable income.
  - Enrolls in any type of health insurance coverage that is not employer-sponsored.
- ▶ **Is On the Covered at Work Program and**
  - The amount of the premium for the employer-sponsored coverage drops below 5% of the household's gross countable income.

◆ **When to Establish a New 12 Months of Eligibility**

- ▶ When a recipient completes the recertification process, is determined eligible, and pays a new enrollment fee.
- ▶ When the PCN case closes and there is no coverage under PCN or Medicaid for one full benefit month or more, the individual must reapply. A new 12-month certification period will be assigned if the applicant is determined eligible and pays a new enrollment fee.

**Do not extend a certification period beyond 12 months.**

◆ **When Not to Establish a New 12 Months of Eligibility**

- ▶ When a recipient's eligibility changes from PCN to Medicaid and then back to PCN with no break in coverage within the same 12-month certification period.
- ▶ When another program is reviewed or added to the PCN case.
- ▶ When a recipient switches from one PCN program to another during the certification period.

**All factors of eligibility must be reviewed at the end of the original 12 month certification period.**

*12 Months*

# Change Reporting

## Sec. 909

**PCN only requires action on certain reported changes. Evaluate any reported change to determine if it could affect PCN eligibility.**

- ◆ The following changes **MUST** be reported to the local office within 10 days of the day the client learns of the change.
- ▶ If a recipient household member of either the Primary Care Network program or the Covered at Work program:
  - Moves to a new address within the state.
  - Moves out of the household or dies.
  - Moves out of state.
  - Enters a public institution.
  - Begins to be covered by or gains access to:
    - ✓ Medicare.
    - ✓ Veteran's Health Care System.
    - ✓ Student Health Insurance Coverage (becomes a full-time student).
  - Enrolls in any other type of Health Insurance coverage, (other than employer-sponsored).
- ▶ If a recipient household member of the Primary Care Network program:
  - Becomes covered by or gains access to Employer-Sponsored Health Insurance Coverage.
- ▶ If a recipient household member of the Covered at Work program:
  - Loses Employer-Sponsored health insurance coverage.
  - Changes insurance plans.
  - Is required to pay a different premium amount for their employer-sponsored health insurance coverage.
- ◆ No other changes are required to be reported during the certification period. However, if a change is reported, it must be acted upon.
- ◆ Take action on information received from other sources, IE: Interface matches, etc.



## **Household Changes**

### **◆ Adding A Spouse**

**\*\*\*\*Both spouses do not have to be on the same PCN program.\*\*\*\***

- ▶ Add the spouse for the remainder of the certification period:
  - Do not do a new income determination.
  - Spouse must meet all other eligibility requirements for one of the PCN programs.
  - Effective date = date of request.
  - No new enrollment fee.

### **◆ Reopening PCN When a Recipient Has Been Eligible for Medicaid.**

- ▶ Same Certification Period.
  - If the recipient meets all eligibility requirements for one of the PCN programs, other than income, reopen that program for the remainder of the certification period. It does not have to be the same PCN program they were on before.

**Do not require a new application and do not collect a new enrollment fee.**

- ▶ Certification Period Has Expired.
  - Complete an new eligibility determination, including income, but do not require a new application.
  - If eligible, collect a new enrollment fee and authorize a new 12 month certification period.